

03650.000139.

Amendment Under 37 C.F.R. § 1.116 Group Art Unit 2625, Expedited Procedure

PATENT APPLICATION

N THE UNITED ST	ATES PATE	IT AND TRA	DEMARK OF	FICE
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	IN THE UNITED STATES PATI	ENT A	AND TRADEMARK OFFICE	1 3 TO STORY
In re A	pplication of:) :	Examiner: C. Sukhaphadhana	Perfiling of ROE 9-21-04
KISHA	AN B. SHAH)	Group Art Unit: 2625	RCE 9-21
Applic	ation No.: 09/750,602)		1100
Filed: December 28, 2000		:)	RECE	EIVED
For:	SYSTEM AND METHOD FOR	:	SEP 0	2 2004
	EFFICIENT DETERMINATION OF RECOGNITION INITIAL	:	Technology	Center 2600
	CONDITIONS	:	August 26, 2004	
Mail S	top AF			
	sissioner for Patents			
P.O. B	ox 1450			

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated May 26, 2004, please amend the

above-identified application, as follows:

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

August 26, 2004 (Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)

(Name of Attorney for Applicant)

In re Application of:

KISHAN B. SHAH

Docket No. 03650.000139

Examiner: C. Sukhaphadhana

Group Art Unit: 2625

Date: March 8, 2004

Application No.: 09/750,602

Filed: December 28, 2000

For: SYSTEM AND METHOD FOR EFFICIENT **DETERMINATION OF RECOGNITION**

INITIAL CONDITIONS

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

RECEIVED

Transmitted herewith is an Amendment in the above-identified application.

MAR 1 5 2004

X No additional fee is required.

Technology Center 2600

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* . 16	MINUS	** 20	= 0	x \$9 \$18	- 0 -
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	- 0 -
Fee for Multiple Dependent claims \$145°/\$290						
			TOTAL ADDITI			- 0 -

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant Registration No. 30602
	PATRICK, CELLA, HARPER & SCINTO ockefeller Plaza

New York, New York 10112-3800 Facsimile: (212) 218-2200

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